

**Rational Pharmaceutical Management Plus
Participation in the Fourth MIM Pan-African Malaria Conference and
the Roll Back Malaria Partnership Forum V, Yaoundé, Cameroon,
November 13-19, 2005: Trip Report**

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About RPM Plus

The Rational Pharmaceutical Management Plus (RPM Plus) Program, funded by the U.S. Agency for International Development (cooperative agreement HRN-A-00-00-00016-00), works in more than 20 developing countries to provide technical assistance to strengthen drug and health commodity management systems. The program offers technical guidance and assists in strategy development and program implementation both in improving the availability of health commodities—pharmaceuticals, vaccines, supplies, and basic medical equipment—of assured quality for maternal and child health, HIV/AIDS, infectious diseases, and family planning and in promoting the appropriate use of health commodities in the public and private sectors.

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Acronyms

ACT	artemisinin-based combination therapy
AFRO	Regional Office for Africa [World Health Organization]
CDC	U.S. Centers for Disease Control and Prevention
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
CPM	Center for Pharmaceutical Management
CS	Child Survival
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
IPTp	Intermittent preventive treatment
ITN	Insecticide Treated Net
GDS	Global Strategic Plan
MAC	Malaria Action Coalition
MDGs	Millennium Development Goals
MIM	Multilateral Initiative on Malaria
MOH	Ministry Of Health
MSH	Management Sciences for Health
NMCP	National Malaria Control Program
NGO	Non-Governmental Organization
OECD	Organization for Economic Cooperation and Development
RPM Plus	Rational Pharmaceutical Management Plus Program
SUFI	Scaling Up For Impact
SP	sulfadoxine-pyrimethamine
TDR	Special Program For Research and Training in Tropical Diseases
UNICEF	United Nations Children's Fund
USAID	U.S. Agency for International Development
WHO	World Health Organization

Background

Malaria is among the most important global health problems in Africa accounting for more than a million deaths each year. More than 90% of the clinical cases of malaria occur in Africa annually with much of the burden in children under five years of age. Strategies to address these challenges must be implemented in collaboration with programs aimed at integrated approaches to childhood illness and reproductive health.

Management Sciences for Health's (MSH) Rational Pharmaceutical Management Plus (RPM Plus) Program has received funds from USAID to develop strategies to implement malaria policies and to provide technical assistance in pharmaceutical management issues for malaria. RPM Plus is a key technical partner in the USAID Malaria Action Coalition (MAC), a partnership among four technical partners: The World Health Organization (WHO), working primarily through its Africa Regional Office (AFRO), the US Centers for Disease Control (CDC), the former Maternal and Neonatal Health Project (MNH) recently replaced by the ACCESS Program of JHPIEGO, and RPM Plus.

RPM Plus has been working to improve pharmaceutical management for malaria in countries in Africa by identifying and addressing the causes of poor access, ineffective supply, and inappropriate use of antimalarials. RPM Plus has developed and applied tools to assess pharmaceutical management for malaria and has worked to provide technical assistance to countries by working with policymakers, researchers, managers, and providers in the public and private sectors to implement new and proven interventions. Significant among these interventions are the early diagnosis and treatment of malaria using Artemisinin-based Combination Therapies (ACTs) and the provision of Intermittent Preventive Treatment (IPTp) to pregnant women which both require that antimalarials are available in the right quantities and used appropriately at the right time.

Purpose of Trip

Malick Diara, Evan Lee and Gladys Tetteh from RPM Plus traveled to Yaoundé, Cameroon to attend the Fourth Multilateral Initiative on Malaria (MIM) Pan-African Malaria Conference (November 13-18) and the Roll Back Malaria (RBM) Partnership's Forum V (November 18-19).

The MIM meeting was a gathering of 1,500 malaria scientists, global and national policymakers, ministers of health and finance, prevention and care providers from public and private sector as well as civil society, community members and activists, multi- and bilateral development partners and other important stakeholders. The Forum V meeting gave an opportunity for the diverse constituency of the RBM Partnership to exchange ideas to provide input into the future direction of the Partnership. The two events were held in conjunction with intent to highlight an Africa-wide effort to empower communities, battle complacency and address the many barriers that are keeping effective prevention and treatment from reaching the most vulnerable. These assemblies also offered a unique opportunity to find, all gathered in one venue, the required actors to improve malaria control and save the lives of millions of people.

Scope of Work

- Attend and participate in the Fourth MIM Pan-African Malaria Conference and the Roll Back Malaria Partnership's Forum V.
- Provide technical input for pharmaceutical management issues during the discussions
- Meet with other RBM partners attending the Meeting and discuss current and planned activities in shared countries

Activities

Attend and participate in the Fourth MIM Pan-African Malaria Conference and the Roll Back Malaria Partnership's Forum V and provide technical input for pharmaceutical management issues during the discussions

The fourth MIM meeting had the world's leading experts in the malaria domain review the current scientific knowledge of malaria -- from prevention to cure and from control to basic research -- as they tackled pressing scientific, social and economic issues hampering efforts to subdue the disease.

Issues addressed at the MIM conference included the following:

- *New medicines for malaria:* With drug resistance spreading, scientists reported the new advances in drugs to control malaria and health providers shared their challenges to implementing Artemisinin-based Combination Therapy (ACT) nationwide.
- *Country level commitment to malaria control:* Leadership and coordination mechanisms were discussed as they are essential if malaria control is to reach all populations at risk for disease control.
- *Refuting long-held notions about malaria at community level:* Meeting participants were reminded that malaria is not "a fact of life" -- doing something about malaria is.
- *Insecticide-treated bed nets:* Presentations revealed that scientists know they're effective but research reveals a surprising ambivalence towards using them, even when cost is not a factor.
- *Malaria vaccine development:* Scientists reported on findings from clinical trials.
- *Matching global finances with country-level operations:* The theme "what needs to be done to reach malaria control targets" guided discussions on these issues. Global financial initiatives such as the World Bank Booster Project, Global Fund to Fight AIDS, Tuberculosis and Malaria, and the US Presidential Malaria Initiative were discussed.

RBM Forum V, the first Forum to take place since the new coordinating structure was put in place in October 2002 was held on November 18 and 19, 2005 and had a program of events which was designed to encourage dynamic interaction and experience sharing among participants through plenary roundtables and parallel working sessions addressing relevant topics. The RBM Partnership's operating framework identifies the Forum as an assembly of all constituencies of RBM partners and is the ultimate coordinating body of the Partnership. It meets to debate, endorse and adopt the RBM long-term vision and goals, and to appraise progress.

During the RBM Forum V, participants had the opportunity to interact with a diverse set of key stakeholders representing all RBM Partnership constituencies: malaria-endemic countries, multilateral development partners, Organization for Economic Cooperation and Development (OECD) donor countries, private sector, NGOs and community-based organizations, foundations, research and academic institutions, and the Global Fund to Fight AIDS, Tuberculosis, and Malaria.

Key objectives of Forum V were to assess the overall progress of the RBM Partnership to date and to identify areas where the global malaria response (i.e. prevention, control, research and program implementation) can be improved to fully support and respond to the needs of at-risk populations, especially children, pregnant women, people living in emergency situations, and people living with HIV/AIDS.

Forum V therefore:

1. Identified priorities for implementing the RBM Partnership Global Strategic Plan 2005-2015 (GSP) in support of the malaria-related Millennium Development Goals (MDGs);
2. Focused on the barriers and bottlenecks which are undermining current efforts to roll back malaria;
3. Acknowledged the imperative for all constituencies to coordinate and harmonize their efforts to ensure sustained delivery and use of the most effective malaria prevention and treatment;
4. Made a global commitment to implement the Global Strategic Plan: The Yaoundé Call to Action.

The Forum used parallel round-table sessions to debate the most urgent issues facing the global fight against malaria. Participants were asked to identify their choice of thematic session from eight themes namely:

1. Scaling-up effective malaria prevention
2. Scaling-up effective timely treatment
3. Scaling-up demand creation and effective use
4. Strengthening delivery system
5. Coordination & Harmonization
6. Global/regional advocacy
7. Financing: Matching requirements for impact
8. Monitoring & Evaluation

Panelists with backgrounds in policy, implementation and the community-based malaria response described their perspectives to start the discussion. Each parallel session included a maximum of 100 participants seated in groups of 10 with a rapporteur and a facilitator. The rapporteur captured the subsequent discussions electronically and shared these in real time with the panelists. A plenary session followed each debate.

The key recommendations of Forum V were synthesized in the Yaoundé Call to Action (Annex 2), a document to which all partners and stakeholders committed to ensure coordinated activities and progress over the next ten years. In addition, all partners of the Roll Back Malaria Partnership (RBM) were asked to adopt and use the partnership's Global Strategic Plan 2005-2015 in support of the Millennium Development Goals (MDGs).

It is expected that the key recommended actions in this declaration will be implemented and therefore address the critical capacity gaps in today's global response to malaria.

RPM Plus as a major stakeholder in the global malaria effort participated in both the MIM and RBM Forum V meetings and provided pharmaceutical management technical inputs into discussions.

Meet with other RBM partners attending the meeting and discuss current and planned activities in shared countries

MAC Partners' meeting and joint booth during the RBM forum

The rationale for such an informal meeting was based on the fact that MAC partners are located in different countries, several persons are new in this initiative and interaction is mainly done through email or phone contacts, unless there is a joint trip to a given country. For these reasons, MAC partners met during the MIM conference to consolidate synergies among organizations and explore additional opportunities for increased synergies. Topics discussed during the meeting were related to the following elements:

- Will there be a MAC Partners' meeting next year? Will it be better to have it before or after the funding discussions? Can we include elements related to the programmatic and strategic aspects or can we have a separate meeting related to these aspects?
- Looking at our results for MAC IR3, would it be possible to do more on the communication side knowing that presently AED/Change is in charge of this component but the needs are still important?
- How can we improve the quality of the audio quality of the conference call? This is a very good communication mechanism but partners in the field really have problems understanding what is being said during the calls.

In order to promote the MAC partnership and its achievements, partners agreed to use the booth made available by the RBM forum to the MAC Partners. Partners jointly prepared the set up of the booth and locally produced a MAC banner. In addition, materials brought by partners were made available for the visitors and each organization committed staff to man the booth during selected hours of the forum.

These two activities increased the interaction and developed a stronger team spirit among MAC Partners while contributing to a larger promotion of this joint initiative.

Side meetings and quick interactions

- Dr. Antoinette Ba, Dr. Magda Robalo and Dr. Antoine Kabore from WHO/AFRO will review the WHO staffing structure and communication channels related to the MAC partnership and other malaria activities.
- Prof. Awa Coll Seck, RBM Secretariat will reiterate RPM Plus' engagement in directly supporting the partnership secretariat and find opportunities to consolidate it. Presently,

Dr. Evan Lee from RPM Plus is collaborating closely with the partnership secretariat to provide technical assistance to Malaria Medicines and Supply Services.

- Karin Källander (PhD student), Dr. Franco Pagnoni and Dr. Robert Ridley (Head TDR/WHO) - Met during the Symposium on "Integrated Approaches for Home and Community Management of Malaria and Pneumonia". Karin is in contact with Jane Briggs, RPM Plus Child Survival Team Leader, and opportunities for joint activities are being explored in the context of community and private sector interventions for child survival and malaria.
- Dr. Garba Mohamed Abdu, Program Manager, USAID/ Nigeria – Introduction of the expanded malaria team and interventions of RPM Plus malaria component with discussions on RPM Plus achievements and needs for continued interventions in Nigeria. The mission is interested in renewing our funding and subsequent interactions will be needed to decide about its feasibility.
- Dr. Noe Henri Rakatondrajaona, Public Health Specialist, USAID/Madagascar - Introduction of the expanded malaria team and interventions of RPM Plus malaria component combined with discussions on the Madagascar program and communications channels within our team.
- Isabel Torres and Frederique Bornier, SANOFI/Aventis/Impact Malaria/Marketing and Communication Departments.
- Cheich Tidiane Ba, Regional Director for Pfizer/West Africa - A former contact of Dr. Diara's from Senegal. Discussions were mainly held around how they can be more active in the malaria interventions. They held a side meeting during the MIM Conference on non-Artemisinin products' place in malaria treatment.
- Bart Van Der Grinten and Connie van der Merrewijk, IDA Foundation - to learn more about their organization and present our malaria activities.
- Dr. Pierre Louis, Dr. Olusoji Adeyi and Suprotik Basu, World Bank - To introduce Dr. Diara and express intention to meet them in Washington. The World Bank malaria booster program is now active in 17 countries and opportunities for operational synergies can be developed.
- Eve Worrall and Jenny Hill from Liverpool School of Public Health and Jo Line and Jayne Webster from London School of Public Health - As former partners, we discussed about activities done by each without specifics on what could be jointly done.
- Dr. Gazard, MOH Benin and former NMCP staff member - Former contact of Dr. Diara's while working with Africare. We mainly discussed staff changes within the MOH but did not have the chance to expand on RPM Plus interventions in Benin.
- Dr. Raphael Okalla and Dr. Etienne Fondjo, NMCP and RBM National Committee - Former contacts of Dr. Diara's while working with AED. We discussed how targeted

subsidies progressed in Cameroon and been congratulated on their award with the Global Fund.

- Regina Rabinovith, Director, Infectious Disease, Gates Foundation - Discussion during the meeting about how the global partnership can be strengthened and about a meeting held between CPM and the foundation few months ago.
- Dr. Mark Graboski, CDC staff seconded to Red Cross to lead the Measles Campaign - During our discussion, he shared the fact that he is going to be a member of GFATM in January. Within the Measles Campaign, he developed the combined distribution of the vaccine with ITNs to the vulnerable populations.
- Dr. Rick Steketee, Former head of CDC malaria branch, presently PATH employee working on MACEPA and the Vaccine Initiative with Bill Gates Foundation - He worked closely with the RBM partnership to develop the scaling up for impact (SUFi) concept.

Pre-Forum SUFI Meeting

A meeting was organized by the RBM partnership and held at the Hilton Hotel in Yaoundé to discuss with countries targeted for support by the World Bank, President's Malaria Initiative and MACEPA their support requirements for planning and programming for SUFI. Prior to this meeting, a working paper, developed by a team which included MACEPA, the World Bank, USAID, the Zambia National Malaria Control Centre, and the RBM Partnership Secretariat was circulated to provide background information and concepts (see attached). Participating NMCPs included Tanzania, Uganda, Burkina Faso, Benin, Zambia, The Gambia, Kenya, Sierra Leone, Nigeria and Malawi. The meeting was attended by RPM Plus and provided both an opportunity for countries to share their experiences with scaling-up malaria-related interventions and an opportunity to identify those areas where partners need to work together more.

Meeting outputs included a set of recommendations and next steps which were drafted by RPM Plus in collaboration with MACEPA and the Malaria Action Centre of Malawi (see attached). These will be incorporated within the next draft of the SUFI working paper.

Next Steps

Immediate Follow-up Activities

- Operationalize RPM Plus commitment to the actions agreed at the Yaoundé RBM Partners Forum
- Appraisal of existing RPM Plus malaria workplan activities to ensure continued alignment with countries' national strategies
- Propose continued support for the development of the SUFI working paper into a conceptual framework
- Establish the contact with Dr. Abdu from USAID/Nigeria to explore opportunities to continue the initial malaria work done by RPM Plus in Nigeria, once RPM Plus makes the decision internally that a country program can be developed.

Annex 1. Agenda

18 November 2005

Palais Des Congrès
YAOUNDE (CAMEROON)

Patronage and chairmanship:

- His Excellency Paul Biya, President of the Republic of Cameroon
- Mr Urbain Olanguena Awono, Minister of Health, Cameroon
- Ms Milly Katana, Activist, Uganda
- Ms Yvonne Chaka-Chaka, UNICEF Ambassador
- Prof Eyitayo Lambo, Minister of Health of the Federal Republic of Nigeria/Chair RBM partnership board
- Mr Michel Kazatchkine, Vice Chair GFATM board
- Dr Jong-Wook Lee, Director General, World Health Organization

11:45 Plenary Introduction Forum V

Chair: Prof Eyitayo Lambo, Minister of Health of the Federal Republic of Nigeria

Co-chair: Mr Urbain Olanguena Awono, Minister of Health, Cameroon

14:00 Constituency Based Working Sessions

16:00 Sharing Experiences and Learning from Each Other

Parallel high level discussion panels:

- 1. Scaling-Up effective malaria prevention**
Chair and Co-chair: Dr Gerhard Hesse (Bayer)/ UNICEF
- 2. Scaling-Up effective timely treatment**
Chair and Co-chair: Fatoumata Nafo-Traoré (WHO)/
- 3. Scaling-Up demand creation and effective use**
Chair and Co-chair: Hussein A. Mwinyi (Tanzania)/
Jean Marie Kinderman (MSF)
- 4. Strengthening delivery system**
Chair and Co-chair: Steven Phillips (Exxonmobil) /
Antoine Kabore (WHO)

19 November 2005

Chair: Anarfi Asamoah-Baah (WHO)

Co-chair: Regina Rabinovich (Gates foundation)

8:30 Sharing experiences and learning from each other

Parallel high level discussion panels:

5. Coordination & Harmonization

Chair and Co-chair: Steward Tyson (DFID)/Dorotheé Kindé-Gazard (Benin)

6. Global / regional advocacy

Chair and co-chair: Stephen O'brien, (MP - UK)/
Emile Bongeli (DRC)

7. Financing: Matching requirements for Impact

Chair and Co-chair: Jacques Baudoy (World Bank)/

8. Monitoring & Evaluation

Chair and Co-Chair: Pascal Villeneuve (UNICEF)/(MERG)

10:30 Coffee break

11:00 Plenary Feedback and Discussion

Chair: Anarfi Asamoah-Baah (WHO)

Co-chair: Osman Abdallah (Soudan)

12:30 lunch

14:00 Plenary - "the Yaoundé Call to Action"

15:45 Coffee break

16:15 Plenary Closing Ceremony Forum V

Patronage: His Excellency Paul Biya, President of the Republic of Cameroon

Chairmanship: His Excellency of Ephraim Inoni, Prime Minister of the Republic of Cameroon

Annex 2. Draft Framework: *Yaoundé Call to Action*

Roll Back Malaria Partnership Forum V Yaoundé, Cameroon, 18 & 19 November 2005

Yaoundé Call to Action "Unite Against Malaria to save lives and reduce poverty."

DRAFT FRAMEWORK *Yaoundé Call to Action on Malaria*

Every thirty seconds a child dies of malaria, which means at least 3000 deaths a day and more than 1 million a year. Each death is an individual tragedy for the victim and a collective tragedy for the families, communities and countries affected. In terms of lost opportunities and impact on development, it is estimated that African GDP is reduced by \$12 billion per year because of Malaria.

We, the participants of the Roll Back Malaria Partnership Forum V, meeting in Yaoundé, Cameroon on 18-19 November 2005, express our commitment to work together to rapidly scale up action against malaria

Considering the magnitude of the disease, in particular its devastating impact on young children and pregnant women, and its economic consequences in Africa

Acknowledging that the implementation of effective interventions has enabled some countries to reduce the illness and death caused by malaria, we note with concern that the targets of the *Abuja Declaration on Roll Back Malaria in Africa* of April 2000 have not been achieved

Recognizing that these successes can be replicated provided sustained funding is available and is complemented by national leadership and mobilization of adequate human resources at all levels of the health system

Alarmed that current levels of global spending on malaria control are only 20% of the estimated \$3 billion needed annually, and deeply concerned about the lack of long term predictability of funding that is provided.

Acknowledging that adequate investment in, and incentives for, research and development are required to ensure new and effective medicines, diagnostics, vaccines, vector control tools and strengthened health systems

Building on all previous commitments and targets to roll back malaria, and recognizing that increased global attention to development and poverty reduction as expressed in the Millennium Development Goals, has created an unprecedented

opportunity for rolling back malaria

Aware that the effects of malaria reach far beyond health and that the response requires the involvement of society as a whole .

Emphasizing the importance of national leadership for a single coordinating authority , a single national plan and a single monitoring and evaluation framework Our duty is to the people and communities that suffer most from malaria, but whose voices are all too often not heard. High level commitment and action is needed by all partners led by the principle of local ownership of the challenges and solutions for reducing the devastating impact of malaria.

Therefore, it is with a sense of urgency that we commit ourselves, as RBM partners, to take forward the actions agreed at the Yaoundé RBM Partners Forum, including the following priority actions, and to implementing the RBM Global Strategic Plan 2005 – 2015, holding each other accountable to its resource needs, targets and timelines:

- **National governments** should continue to develop national plans for scaled up action, linked to health and development plans, through participatory mechanisms, establish broad based national coordinating mechanisms and scale up programmes.
- **In supporting national governments all other RBM partners**, consistent with principles agreed in Paris in March 2005¹, should base their overall support on countries' national strategies and implement, where feasible, common arrangements at country level for planning, funding, disbursement, monitoring, evaluating and reporting to government on activities, progress and impact.
- **We shall rapidly establish** monitoring mechanisms to ensure mutual accountability to these commitments, and joint review of our progress towards them

We invite all those who share our commitment to engage in this Call to Action

¹ Paris Declaration on AID Effectiveness

Annex 3. SUFI background paper— Executive Summary (prepared with support from MACEPA)

Scaling Up for Impact (SUFİ) is the rallying call for the national-scale deployment of the full range of existing evidence-based malaria prevention and control strategies through true partnership commitment and intensive country work. SUFI is oriented toward building broad credibility in the RBM principles and approaches and establishing the feasibility and benefits of malaria control.

The SUFI approach involves:

- Development of a national plan with consensus from all partners and programme capacity for implementation.
- Rapid national scale-up of coverage of effective malaria interventions.
- Effective working partnership among key financing and technical partners to maximize their effectiveness in supporting programme scale-up.
- Strong commitment to assess the health and economic impact of malaria control.

This working paper was developed to facilitate dialogue among national leaders about how national governments and partners can accelerate progress in national malaria programmes. The paper was drafted to be shared with stakeholders at a consultation meeting in Yaounde, Cameroon, in November 2005. The consultation meeting convenes the RBM Partnership Secretariat and key RBM partners with national leadership of countries currently embarked on scale-up. Together they will assess lessons learned to date and endorse a shared agenda for promoting SUFI.

The paper reviews progress in SUFI and proposes that there are three key areas of discussion for partners committed to developing and promoting acceleration of malaria control in Africa:

- Commitment to SUFI.
- Planning for impact.
- The supportive environment for SUFI.

Eight discussion points have been suggested to frame national input and further define the goals and methods of SUFI. Several of these points will be discussed at the consultation meeting, while most will also require additional attention in future documentation.

Commitment to SUFI

Discussion point 1. How do we ensure sufficient resources with adequate flexibility to support national planning for malaria control? Can we plan for future resources and flexibility that will be needed for the long term?

Discussion point 2. How do the national government and the ministry of health ensure that responsibility and authority are delegated appropriately to build national leadership for malaria control?

Discussion point 3. What are critical steps for building a cohesive and effective planning process? Are there examples? How can countries learn from one another?

Planning for impact

Discussion point 4. What are the lessons learned in collaborating and planning with reproductive or child health programmes?

Discussion point 5. As countries plan for impact and high coverage of multiple interventions, have they changed previous strategies and implementation approaches? What has been learned?

Discussion point 6. How can partners build national case studies about developing and implementing a national monitoring and evaluation plan? What is actually needed for such a plan—how much detail, how much coordination with other national monitoring and evaluation activities and programmes?

The supportive environment for SUFI

Discussion point 7. What is required for existing partners to support SUFI and the "Three Ones"? Can we anticipate their biggest challenges and constraints and jointly solve them through planning? Can we identify the new partners that will be needed?

Discussion point 8. What elements will be needed to create an environment that supports SUFI? What roles can national, subregional, regional, and international public and private partners and networks play? Do countries need "tools," in- or between-country "peer-to-peer" exchanges, or external technical assistance?

Next steps

The coming five years, from 2006 to 2010, will be a critical time to succeed in reducing the unconscionable health and economic burden that malaria has imposed on African communities. This poses potentially challenging political decisions, international financing, and sustained commitment by national leadership. National input into the methods, financing, and advocacy for SUFI is vital at this time. Cooperating partners must critically assess how their institutional, administrative, and technical programming mechanisms can be reshaped to support the spirit and reality of the SUFI model.

Annex 4: Recommendations and Next Steps from SUFI meeting 17-November-2005 (draft)

Pre-Forum V SUFI meeting: Recommendations and Next Steps
16 November 2005

Recommendations

At the international level:

1. The strong commitment by National Malaria Control Programs and the progress that has been made and successes achieved despite obstacles should be recognized
2. The international community should recognize the importance of incentivizing/motivating countries through the credible promise of financial resources to meet the identified gaps
3. Countries and partners should regard SUFI as the national scale-up of proven interventions as opposed to the continued piloting and testing of new interventions at sub-national levels

At the country level:

4. NMCPs should recognize the importance of inter-program collaboration (i.e. RH, child health) as well as inter-ministerial collaboration (i.e. MoF) to optimize and effectively utilize available resources
5. NMCPs should also recognize and effectively utilize expertise outside of the government, such as the logistics, management, and organizational expertise of the private sector
6. The implementation and scaling-up of malaria-related activities should be recognized as an opportunity to improve health systems capacity generally, including M&E capacity, and human resource capacity
7. Communities are not passive recipients of malaria-related interventions: they should be empowered to implement and to take ownership of malaria strategies and activities and should receive feedback so that they can monitor their own progress towards goals

Next Steps

1. Donors should advocate and/or facilitate countries' efforts to give a high priority to malaria programs, given the importance of malaria as one of the leading causes of death among vulnerable populations. The options that should be considered include:
 - Advocating for placing NMCPs to directly report to the office of the President, as has been done for many HIV/AIDS programs;
 - Giving NMCPs the increased authority needed to initiate and to prioritize activities without always having to negotiate a bureaucratic process [streamlining the administrative process to give NMCPs increased authority to initiate and to prioritize activities that are needed to reach their targets]

2. Recognizing that proven, key interventions are known, that supply of commodities is improving, and that increased financial and technical resources are available, a focused effort must be made to identify and to overcome the bottlenecks that are impeding implementation
3. SUFI concepts need to be packaged for policymakers and communities to understand what they can do better to achieve the goals
4. The learning process should be facilitated through the establishment of a mechanism (s) to disseminate and share best practices between countries
5. Countries should urgently quantify the financial, technical, and operational resources that are needed to Scale Up For Impact and mobilize the resources that are needed to carry out this task
6. Countries should identify the comparative advantage of the various partners in light of the competencies needed for SUFI, and assign responsibilities accordingly